

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
CALIFORNIA INPATIENT DATA REPORTING MANUAL,  
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FIFTH EDITION**

**ADMISSION DATE**

**Section 97221**

***The patient's date of admission shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit. For discharges representing a transfer of a patient from one type of care within the hospital to another type of care within the hospital, as defined by Subsection (x) of Section 97212 and reported pursuant to Section 97212, the admission date reported shall be the date the patient was transferred to the type of care being reported on this record.***

**DISCUSSION**

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges occurring on or after January 1, 2006:

<b>6. ADMISSION DATE</b>							
<i>Month</i>		<i>Day</i>		<i>Year (4-Digit)</i>			

Critical Data Element: If the reported admission date is blank or invalid (such as June 31) and is not corrected by the hospital after it is identified by OSHPD as an error, the entire discharge data record will be deleted.

Four Digit Year: Hospital medical record systems are expected to be properly record the 4-digit year in the medical record system and eliminate any ambiguity of the correct century.

**Reporting Requirements:**

- The actual date of admission to inpatient care and the actual date of discharge must be reported, even if the length of stay is over 365 days.
- If the patient is admitted to inpatient care on May 3, 1999, the reported value is 05031999.

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**Discharge/Transfer:**

Make certain that the date recorded represents the initial date of admission to the hospital for that episode of inpatient care. A separate episode of inpatient care (a discharge) is to be reported when a patient is transferred between hospitals or within a hospital between Types of Care. The admission date for the initial episode is when the patient is first admitted to the hospital for inpatient care, regardless of TOC. If the patient is transferred from one TOC to another (e.g., from acute care to skilled nursing/intermediate care), the admission date for the second episode would be the date the patient was transferred to “the new TOC” skilled nursing/intermediate care.

**One Day Stays (Same Day):**

One day stays include patients admitted and discharged on the same day. Such patients are formally admitted (expected to remain overnight or longer) but are discharged on the day of admission. A discharge data record must be reported to OSHPD.

**Observation Patients:**

When an observation patient is admitted to inpatient care, the admission date to be reported is the date the patient is admitted to inpatient care. See Glossary of Terms and Abbreviations (Appendix A) for definition of observation.

**Ambulatory Surgery Facility and Hospital Outpatient Services:**

Patients are sometimes admitted within 72 hours of procedures performed in a licensed ambulatory surgery facility or as an outpatient at a hospital. Under certain circumstances, the procedure may be reported on the discharge data record. If so, the procedure date must be reported when it actually occurred and not be changed to the admission date. OSHPD accommodates procedure dates three days prior to the admission date.

**Emergency Room:**

Patients are often seen in the emergency room on one day and remain until the next day and are then admitted to inpatient care. The admission date reported is the date the patient is admitted to inpatient care.

**Skilled Nursing Bed Hold Days:**

Skilled nursing bed hold days are **not** reported to OSHPD. A patient cannot be in two Types of Care at the same time.

**Length of Stay:**

This is calculated by subtracting the Admission Date from the Discharge Date. A patient admitted discharged on the same day is calculated as one day LOS. This is important in studying hospital utilization and conducting hospital outcome studies.